FEMCAP EVALUATION

Client Name		Date		
Birthdate				
When was the first day of your last period? How long have you been using the Femcap?				
 Vaginal burning, discharge, irri Painful or frequent urination or Signs or symptoms of Toxic SI fainting, weakness, sore throat Pain or cramping when the Fe Any other problems with your I Please answer the following:	itation or itching? bladder/urinary nock Syndrome v t, aching muscles mcap is in place? Femcap?	tract infections? vhich include sudden high fever, dia s and joints and rash (like sunburn)'	?	
How long should the Femcap be le	For 2 h		urs	
 When should the fit of the Femc □ After you have a baby □ If the Femcap will not stay on too Both of the above Do you have any questions about Client's Signature 	the cervix		Date	
TO BE COMPLETED BY CLINIC STA	AFF			
Staff Signature			Date	